

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31853

Entity Name: PALM ISLES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**9545 PALM ISLES DR
BOYNTON BEACH, FL 33437**Current Mailing Address:**C/O KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET SUITE 300
MIAMI, FL 33122 US**FEI Number:** 65-0169608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY, #200
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DISALVO, ROSEMARIE
Address 9545 PALM ISLES DR
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name LEVIN, HOWARD
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER
Name ROUDE, JOAN
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title VP
Name SALON, MICHELE
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title PRESIDENT
Name STEINBERG, PHILIP
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name BLUMKIN, JACK
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name MITZNER, BONNIE
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name PERLIN, EDWARD
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP STEINBERG**PRESIDENT****02/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAPLAN, CLINT
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33480

Title DIRECTOR
Name LANGENTHAL, HOWARD
Address 9545 PALM ISLES DRIVE
City-State-Zip: BOYNTON BEACH FL 33480